

16149

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **5245**

**FILED JUN 14 1943**  
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Lukes Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT **Jacob Grossman**  
FULL NAME

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Evelin Grossman** 6. (c) Age of husband or wife if alive **34** years

7. Birth date of deceased **June 12 1906**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**36 11 25** hr. \_\_\_\_\_ min.

9. Birthplace **Brooklyn N.Y.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Service Man Gas Co.**

11. Industry or business **William Grossman**

12. Name **William Grossman** 13. Birthplace **Russia** 6  
(City, town, or county) (State or foreign country)

14. Maiden name **Petta Bernstein** 15. Birthplace **Poland** 4  
(City, town, or county) (State or foreign country)

16. (a) Informant **Irwin Grossman**  
(b) Address **New York City**

17. (a) **Removal** (b) Date thereof **6-8-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brooklyn, N.Y.**

18. (a) Signature of funeral director **H. Pindsko**  
(b) Address **5216 Delmar**

19. (a) **JUN 7 1943** (b) **J. F. Buresch**  
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **New York** (b) County **Kings** 499  
(c) City or town **Brooklyn** 25 NR  
(If outside city or town limits, write "RURAL.")  
(d) Street No. **2207 E. 28th St.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **2**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **6** year **1943** hour **9 50** minute **P** M.

21. I hereby certify that I attended the deceased from **June May 15** 19**43** to **June 6** 19**43**  
that I last saw him alive on **June 6** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Paralytic agitans**  
**Haemorrhage** Duration **3 days**

Due to **Bleeding from longitudinal sinus** 3 days

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **8/3**

Of autopsy \_\_\_\_\_

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23: Signature **Howe Siles Hoolley** (M. D. or other) **M.D.**  
Address **4952 Maryland** Date signed **6/7/43**

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*C. W. Cooper*

Licensed Embalmer No. *3830*

P. O. Address *5216 Belmar*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**